

**BUSINESS DECLARATION**

Tax Identification No.:

1. Name of Firm: \_\_\_\_\_
2. Address of Firm: \_\_\_\_\_
3. Telephone Number of Firm: \_\_\_\_\_
4. a. Name of Person Making Declaration \_\_\_\_\_
- b. Telephone Number of Person Making Declaration \_\_\_\_\_
- c. Position Held in the Company \_\_\_\_\_
5. Controlling Interest in Company (*"X" all appropriate boxes*)
- ☐ a. Black American      ☐ b. Hispanic American      ☐ c. Native American      ☐ d. Asian American
- ☐ e. Other Minority      ☐ f. Other
- (Specify) \_\_\_\_\_ (Specify) \_\_\_\_\_
- ☐ g. Female    ☐ h. Male    ☐ i. 8(a) Certified (*Certification letter attached*)    ☐ j. Service Disabled Veteran Small Business
6. Is the person identified in Number 4 above, responsible for day-to-day management and policy decision making, including but not limited to financial and management decisions?
- ☐ a. Yes      ☐ b. No      (*If "NO," provide the name and telephone number of the person who has this authority.*)
- \_\_\_\_\_
7. Nature of Business (*Specify major services/products (NAIC)*) \_\_\_\_\_
8. (a) Years the firm has been in business: \_\_\_\_\_ (b) No. of Employees \_\_\_\_\_
9. Type of Ownership:      ☐ a. Sole Ownership      ☐ b. Partnership
- ☐ c. Other (*Explain*) \_\_\_\_\_
10. Gross receipts of the firm for the last three years:
- |                         |                         |                           |                           |
|-------------------------|-------------------------|---------------------------|---------------------------|
| a.1. Year Ending: _____ | a.2. Year Ending: _____ | b.1. Gross Receipts _____ | b.2. Gross Receipts _____ |
| a.3. Year Ending: _____ | a.4. Year Ending: _____ | b.3. Gross Receipts _____ | b.4. Gross Receipts _____ |
11. Is the firm a small business?      ☐ a. Yes      ☐ b. No

***I DECLARE THAT THE FOREGOING STATEMENTS CONCERNING \_\_\_\_\_***

***ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.***

***I AM AWARE THAT I AM SUBJECT TO CRIMINAL PROSECUTION UNDER THE PROVISIONS OF 18 USCS 1001.***

12. a. Signature \_\_\_\_\_ b. Date: \_\_\_\_\_
- c. Typed Name \_\_\_\_\_ d. Title: \_\_\_\_\_